PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) AmTrust Financial Services Inc. Political Action Committee 59 Maiden Lane 43rd Floor ADDRESS (number and street) (Check if address is changed) New York 10038 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS evan.greenstein@amtrustgroup.com (Check if address is changed) Optional Second E-Mail Address |fecinfo@pass1.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2019 C00626176 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Greenstein, Evan, , , Type or Print Name of Treasurer Greenstein, Evan,,, [Electronically Filed] 01 25 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	EEC E o	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name Cand			
Cand Party	lidate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	ty Con	nmittee:	(D
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised (02/2009)	Page 3
Write or Type Committee Name	9	
AmTrust Finance	cial Services Inc. Political Action Committee	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
AmTrust Financial Ser	vices Inc.	
Mailing Address	59 Maiden Lane 43rd Floor	
	New York NY 10038	
	CITY STATE ZII	PCODE
Relationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
Schlachter Full Name	r, Harry, , ,	
	59 Maiden Lane 42nd Floor	
Mailing Address		
	New York , NY , 10038	
	New Tolk	
Title or Position	CITY STATE ZIF	CODE
Custodian of Records	Telephone number 646 – 458	8 7935
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name Greenstein of Treasurer	n, Evan, , ,	.
Mailing Address	59 Maiden Lane 42nd Floor	
	New York	
	CITY STATE ZIF	CODE
Title or Position Treasurer	646 548	3319

Telephone number

Full Name of Designated Agent	Schlachter, Harry, , ,	
Mailing Address	59 Maiden Lane 42nd Floor	
	New York CITY STATE Z	IP CODE
Title or Position Assistant Treasur	rier Telephone number	58 7935
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holds are or maintains funds. Depository, etc.	accounts, rents
safety deposit box Name of Bank, De	xes or maintains funds.	accounts, rents
safety deposit box Name of Bank, De	xes or maintains funds. Depository, etc. J.P. Morgan	accounts, rents
safety deposit box Name of Bank, De	xes or maintains funds. Depository, etc. J.P. Morgan	accounts, rents
safety deposit box Name of Bank, De	New York New York New York New York New York	accounts, rents
safety deposit box Name of Bank, De	New York CITY STATE Zepository, etc. J.P. Morgan Page 10038 Now York Now York CITY STATE Zepository, etc.	
safety deposit box Name of Bank, De Mailing Address	New York CITY STATE Zepository, etc. J.P. Morgan Page 10038 Now York Now York CITY STATE Zepository, etc.	
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Form/Schedule: F1A Transaction ID:

This registration is being amended to Question 5 (e). Please update your records accordingly.

Form/Schedule: Transaction ID: